

**PLAINTIFF'S MOTION
EXHIBIT 12**

1 C. LAMSTEIN-REISS, M.D.

2 A. The day that I completed this
3 form, which was April 15, 2009.

4 Q. How do you know that you
5 completed this form April 15, 2009.

6 A. 'Cause that's the date I wrote
7 on it.

8 Q. Where are you referring to?

9 A. The bottom left part of the
10 page. To the left of my name and signature.

11 Q. Is that the date that you also
12 wrote the diagnosis, stress anxiety?

13 MS. PUBLICKER METTHAM:

14 Objection.

15 A. Yes.

16 Q. And is that your handwriting
17 under the words treatment recommended?

18 A. Yes. Everything below --
19 everything below where it says consultant's
20 a report is my handwriting except for the
21 4/13/09 assigned to psych AK.

22 Q. Could you please read slowly
23 into the record what your handwriting is
24 under the entry treatment recommended?

25 A. Yes. That's actually clear

1 C. LAMSTEIN-REISS, M.D.

2 handwriting this time. Okay, but I'm happy
3 to. Psychotherapy recommended CBT, which
4 stands for cognitive behavioral therapy to
5 improve coping skills and reduce physical
6 symptoms of stress.

7 Q. What's the entry below that
8 under the prognosis?

9 A. Good with treatment.

10 Q. What was the treatment that you
11 were recommending?

12 A. As stated above that, I
13 recommended cognitive behavioral therapy.

14 Q. Is that talk therapy
15 essentially?

16 MS. PUBLICKER METTHAM:

17 Objection.

18 A. It is more specific than that.
19 It works on your thoughts, your behaviors,
20 your physical reactions and how those things
21 all affect each other, and in this case, I
22 was recommending stress management training
23 to learn the ways of reducing physical
24 manifestations of stress, as well as the
25 psychological manifestations of stress.

1 C. LAMSTEIN-REISS, M.D.

2 It's actually teaching specific skills
3 that's not as simple as just, it's not like
4 just go talk about what's bothering you.

5 Q. When you wrote this entry, how
6 much treatment did you anticipate would be
7 required?

8 MS. PUBLICKER METTHAM:

9 Objection.

10 A. That would be between him and
11 the treatment provider. We don't mandate
12 treatment. We never mandate. We recommend
13 it.

14 Q. Okay, well, when you recommended
15 treatment, how long a course of treatment
16 were you recommending?

17 MS. PUBLICKER METTHAM:

18 Objection.

19 A. I was recommending providers who
20 do a certain type of therapy. I thought
21 that would be most helpful to him and that
22 would be between him and the provider.
23 Typically, CBT tends to be a shorter course
24 of treatment compared to other things.

25 Q. How long is the CBT course of

1 C. LAMSTEIN-REISS, M.D.
2 necessarily fitness for duty issues. That
3 for his own sake would be good to discuss
4 with a therapist should he want too.

5 I also recommended he see a
6 psychiatrist for an evaluation 'cause two
7 different doctors had prescribed psychiatric
8 medication to him. One he finished taking
9 and one he hadn't started and it wasn't
10 clear to me why one of those was prescribed
11 and, I just, as a matter of course always
12 think it's better if someone sees a
13 psychiatrist for psychiatric medication
14 instead of their primary doctor.

15 Q. Did you tell Schoolcraft that he
16 didn't need medication?

17 MS. PUBLICKER METTHAM:

18 Objection.

19 A. I told him that after he told me
20 -- not at the first appointment. I told him
21 that at the second and third appointment
22 when he told me he no longer had no
23 symptoms.

24 Q. So you did tell him that he
25 didn't medication, right?

1 C. LAMSTEIN-REISS, M.D.

2 MS. PUBLICKER METTHAM:

3 Objection.

4 A. I told him that at the point
5 where he told me the symptoms had already
6 resolved. That's not what I told him the
7 first time --

8 Q. No, I wasn't asking you about a
9 particular time. I was saying ultimately
10 you did tell him that he didn't need
11 medication in your opinion; is that right?

12 MS. PUBLICKER METTHAM:

13 Objection.

14 A. I told him both at different
15 times.

16 Q. On one occasion you told him he
17 didn't need medication; is that right?

18 A. That's correct.

19 Q. What was the date of that
20 occasion?

21 A. At some point in July '09 and
22 late October of 2010.

23 Q. So, you told him on two
24 occasions that you didn't think he needed
25 medication, right?

1 C. LAMSTEIN-REISS, M.D.

2 A. Yes, based on his self-report to
3 me.

4 Q. And after we broke for lunch you
5 just clarified that you made three
6 recommendations to him and that's what you
7 just did; is that right?

8 A. Correct.

9 Q. Did I ask you before the break
10 to tell me what recommendations you gave
11 him?

12 A. I thought you did.

13 Q. And you thought that this was
14 clarifying a question that I had asked you
15 and you had answered?

16 A. Yes. Because you had -- what I
17 recall is you asking me how long I thought
18 this treatment would last and in my
19 answering that I was referring to the
20 treatment specifically for the physical
21 symptoms of stress, which is different from
22 my recommendation that he, should he want
23 to, continue longer to discuss other things
24 in his life. That would be something that
25 ideally would be longer term. So that's why

1 C. LAMSTEIN-REISS, M.D.
2 medication. It's sometimes prescribed for
3 other reasons, such as bipolar disorder.
4 Sometimes it's given in addition to
5 antidepressants, could be other off label
6 uses. Typically, not the only medication
7 prescribed unless that's -- other
8 medications have tried and failed or given
9 for psychosis or bipolar disorder.

10 Q. As April 15, 2009, did
11 Schoolcraft present to you as somebody who
12 was suffering from some sort of psychosis?

13 MS. PUBLICKER METTHAM:

14 Objection.

15 A. I did not observe any psychotic
16 symptoms. So it did not appear to me that
17 he was psychotic.

18 Q. Did it appear to you at any time
19 that he was psychotic?

20 A. Later on in the case I began to
21 wonder if that was the case and I was not
22 sure. That's one of the theories I have
23 looking back on it.

24 Q. When did you start wondering
25 about whether or not he was psychotic?

Page 172

1 C. LAMSTEIN-REISS, M.D.

2 Q. Is that correct?

3 A. That is correct. Because he
4 knows what he told me. So if he really
5 believes that, that would be a little odd
6 and a reason to question it.

7 Q. Right. But he did tell you that
8 he believed that the supervisors at the 81
9 were putting improper to pressure on him to
10 keep the numbers up?

11 MS. PUBLICKER METHAM:

12 Objection.

13 MR. KRETZ: Objection.

14 A. He told me that's what he
15 believed, yes.

16 Q. He told you that's what he
17 believed. In fact, in your opinion, he was
18 suffering from a physical manifestation of
19 stress, right?

20 A. Yes.

21 Q. And your opinion was those
22 physical manifestations of stress were
23 derived from stress he was receiving on the
24 job, right?

25 MS. PUBLICKER METHAM:

1 C. LAMSTEIN-REISS, M.D.

2 Objection.

3 MR. KRETZ: Objection.

4 A. On and off the job.

5 Q. But nevertheless, one of the
6 stress factors that, in your opinion, he was
7 having the fact that he was in his mind
8 reporting misconduct by his supervisors;
9 isn't that right?

10 MS. PUBLICKER METHAM:

11 Objection.

12 MR. KRETZ: Objection.

13 A. No.

14 Q. Let me ask you a question did
15 Schoolcraft tell you that he was getting
16 pressure to issue summonses improperly at
17 the 81?

18 MR. KRETZ: Objection.

19 MS. PUBLICKER METHAM:

20 Objection.

21 A. He told me he was getting
22 pressure to increase his activity in ways
23 that he thought was not proper. He did not
24 tell me that he had made any kind of
25 complaints about that. He told me he only

1 C. LAMSTEIN-REISS, M.D.
2 made a complaint contesting his annual
3 performance evaluation and a complaint about
4 them taking his memo book.

5 Q. He did not complain to you about
6 what he perceived as retaliation by his
7 supervisors at the 81 Precinct?

8 MR. KRETZ: Objection.

9 MS. PUBLICKER METTHAM:
10 Objection.

11 A. He did not tell me that he made
12 any kind of formal complaint about that.
13 That he made any kind of complaint --

14 Q. Did he tell you that he was
15 getting retaliated against by supervisors?

16 MS. PUBLICKER METTHAM:
17 Objection.

18 A. Yes.

19 Q. When did he tell you that?

20 A. The first time I saw him.

21 Q. April 13, 2009?

22 A. Right. That he thought they
23 were mad at him for contesting his
24 evaluation.

25 Q. All right, can you turn to the

1 C. LAMSTEIN-REISS, M.D.

2 just know what our procedures are.

3 Q. So, Schoolcraft's gun was not
4 removed because he had indicated to you or
5 anybody else in your department any
6 dangerous propensities, right?

7 MS. PUBLICKER METTHAM:

8 Objection.

9 A. Correct.

10 Q. He didn't articulate to you any
11 ideation of hurting himself or others,
12 right?

13 A. Right.

14 Q. And he didn't present to you any
15 ideas of hurting others, right?

16 A. Right.

17 Q. And the restrictions that were
18 placed on him were what?

19 MS. PUBLICKER METTHAM:

20 Objection.

21 A. No firearms, no outside duties,
22 no patrol duties or any kind of outside
23 enforcement duties.

24 Q. How long was that status imposed
25 on Schoolcraft?

1 C. LAMSTEIN-REISS, M.D.

2 you had evaluated and met with Schoolcraft?

3 A. Yes.

4 Q. And told him that during the
5 conversation that you had with him on
6 October 31st?

7 A. Yes.

8 Q. What else did you tell Captain
9 Lauterborn?

10 A. He was asking me if there was
11 any reason to be concerned about the fact
12 that he went AWOL and that he seemed to be
13 upset and said he had stomach pains and
14 should they be concerned, do they need to go
15 look for him, make sure he's okay.
16 Typically, in that situation they do. He
17 said he wasn't sure they wanted to suspend
18 him, because they thought this was more of a
19 psychological problem as opposed to a
20 disciplinary one and so he wanted to consult
21 with me.

22 I told him that as of the last
23 time I saw him, which was a few days
24 earlier, I had no reason to think he was a
25 danger to himself or others. Never

1 C. LAMSTEIN-REISS, M.D.

2 desk?

3 A. Correct.

4 Q. All right, please continue.

5 A. It will be more clear as I'm
6 reading through the notes, but it's possible
7 that the part about possibly not suspending
8 him because they thought it might be more of
9 a psych problem, that may have come
10 secondhand through Sergeant Kloos. If it
11 came directly, it would be the rest the
12 notes.

13 Telephone contact with Captain
14 Lauterborn. MOS doing a 7 to 3 day tour
15 today at TS all day, meaning telephone
16 switchboard all day. All was fine. He
17 typically keeps to self and doesn't converse
18 much with other officer and did same today.
19 Nothing seemed out of ordinary. 2:00 p.m.,
20 he went down to locker room, changed and
21 then put a sick report on sergeant's desk
22 and said going sick. He wrote that he had
23 stomach pain. Sergeant tried to stop him,
24 but he left anyway. Underlying issues. MOS
25 has made allegations against others.

1 C. LAMSTEIN-REISS, M.D.
2 Department's investigation of these
3 allegations picked up this week and it
4 snowballed from there. This week about four
5 P.O.'s and two civilian people were called
6 down for questioning. MOS goes up to them
7 and asked about it. Notifications are in
8 telephone message log, so he knows who is
9 going. When they return, he tries to
10 intercept them and get information from them
11 about what he was asked -- about -- it
12 should have been what they were asked. Or
13 that thought the person was a he. Anyway,
14 that's what it says what he was asked.
15 Today was first tour back after RDOs. Not
16 sure what happened today that triggered him
17 to leave like that.

18 Delegates, peers, sergeants and
19 Captain Lauterborn all left him messages and
20 asked him to go back to command. A
21 lieutenant is at him home. His car is
22 there. Landlord said MOS may have been
23 there earlier. Can usually hear MOS's
24 footsteps when home. MOS not home.

25 Next entry, I left a message on